

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		3					54								
5		3					55								
6		3					56								
7		3					57								
8		3					58								
9		3					59								
10		3					60								
11		3					61								
12		3					62								
13		3					63								
14		3					64								
15		3					65								
16		3					66								
17		3					67								
18		3					68								
19		3					69								
20		3					70								
21		3					71								
22							72								
23							73								
24							74								
25							75								
26							76								
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28							78								
29							79								
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36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	56						TOTAL DEP.								
TOTAL CLAIMS	57						TOTAL CLAIMS								